

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2	/		/				52				
3	/		/				53				
4		/		/			54				
5	/		/				55				
6		/		/			56				
7	/		/				57				
8		/		/			58				
9		/		/			59				
10		/		/			60				
11		/		/			61				
12		/		/			62				
13		/		/			63				
14		/		/			64				
15		/		/			65				
16		/		/			66				
17		/		/			67				
18		/		/			68				
19		/		/			69				
20		/		/			70				
21		/		/			71				
22		/		/			72				
23		/		/			73				
24		/		/			74				
25		/		/			75				
26		/		/			76				
27	/		/				77				
28		/		/			78				
29	/		/				79				
30		①		/			80				
31	/		/				81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	8		7				TOTAL IND.				
TOTAL DEP.	23	↓	23	↓			TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS	31		30				TOTAL CLAIMS				